

Public Records Request Form Date Requested:____

Requestor's Information			
Full Name (Please Print):			
	Last	First	M.I.
Company Name: (If Applicable)			
Address:			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Phone:			
Email:			
Elliali:			
	Reque	ested Document	
		specific as possible and include date(free to use the back of this form.	
Fees and Delivery Methods			
* Requestor may incur fees depending on the scope of the request. *			
	Paper Copies	\$0.50 per page after the	
	Electronic	Base fee of \$25 for records copi	ed onto a compact disc
	Electronic Copy Pick Up On-Site Inspection		
In accordance with the Louisiana Public Records Law, La. Rev. Stat. § 44:1 , et seq., New Orleans Redevelopment Authority strives to promptly release public records.			
For Office Use Only			
Received By:			
Date:			